

PRIVACY RELEASE AUTHORIZATION

I hereby authorize Congressman Leonard L Boswell or his representative to inquire with the following Federal Agency on my behalf:

(Name of Federal Agency)

In addition, I authorize the agency listed to release information to Congressman Boswell or his staff concerning my request for assistance.

Signature

Date

PLEASE PRINT THE FOLLOWING INFORMATION: (only fill in VA or INS information if applicable)

Mr. ☐ Mrs. ☐ Ms. ☐ Name _____

Address _____

City/State/Zip _____

Work Phone _____ Home Phone _____ Fax Number _____

Cell Phone _____ E-mail _____

Date of Birth _____ Place of Birth _____

INS Alien Number _____ Date Application Filed _____

Country of Birth _____ Place/Date of Entry _____

Petition or Claim # _____ Social Security # _____

VA Claim Number _____ Branch of Service _____ Rank _____

Are you facing a deadline? Yes ☐ No ☐ If, yes when _____

Have you contacted my office before on this matter? Yes ☐ No ☐ Different Matter ☐

Or any other Congressional Office? Yes ☐ No ☐ If yes, whom? _____

Is this currently pending before a local, state or federal court? Yes ☐ No ☐

If yes, when? _____

(over)

If requesting help on behalf of another, give the above information for that person. Your name and address here:

Mr. ☐ Mrs. ☐ Ms. ☐ Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____

Briefly explain the issue in which you are requesting my assistance: (Please include all relevant information regarding your situation.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please attach the most recent photo copies of correspondence or documents and any other pertinent information you regarding this case. Mail the information to: The Honorable Leonard L Boswell, 300 East Locust Street Suite 320, Des Moines, IA 50309 or fax to 515-282-1785. Should you have questions you may call my district office in Des Moines at 515-282-1909 toll-free number 1/888-432-1984.

For office use only:

Rec'd by: _____

Date rec'd: _____

Assigned : _____

Case # _____

Agency _____

Date assigned: _____

Issue ☐ Casework ☐ Grant ☐ Info Request ☐

Referral ☐ Project ☐ Media ☐ Other ☐

This form e-mailed to DC ☐ Enclosures attached/forwarded ☐

Open Letter ☐ Open/Close ☐ Refer to _____